

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer:	Woodstown-Pilesgrove Regional School District	County:	Salem
2	Employee Organization:	Woodstown-Pilesgrove Administrators Association (WPAA)	Number of Employees in Unit:	10
3	Base Year Contract Term:	July 1, 2014 - June 30, 2017	New Contract Term:	July 1, 2017 - June 30, 2020

**SECTION II: Type of Contract Settlement (please check only one)**

4  Contract settled without neutral assistance  
 5  Contract settled with assistance of mediator  
 6  Contract settled with assistance of fact-finder  
 7  Contract settled with assistance of super-conciliator  
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  No

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$1,086,490
10	Longevity Costs in Base Year	\$0
11	Total Salary Base	\$1,086,490

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	7/1/2017	7/1/2018	7/1/2019	NA	NA
13 Cost of Salary Increments (\$)	32,595	33,573	34,580		
14 Salary Increase Above Increments (\$)	0	0	0		
15 Longevity Increase (\$)	0	0	0		
16 Total \$ Increase (sum of lines 13-15)	32,595	33,573	34,580		
17 New Salary Base (\$)	1,119,085	1,152,658	1,187,238		
18 Percentage increase over prior year	3.00 %	3.00 %	3.00 %		

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

*\*If contract duration is longer than five years, please add an additional page.*

## **SECTION VI: Medical Costs**

		Base Year	Year 1
21	Health Plan Cost	\$ 175,602	\$ 130,428
22	Prescription Plan Cost	\$ 36,619	\$ 27,491
23	Dental Plan Cost	\$ 10,341	\$ 7,307
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 222,562	\$ 165,226
26	Employee Insurance Contributions	\$ 57,295	\$ 55,334
27	Employee Contributions as % of Total Insurance Cost	25.7	33.5

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.

NA

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

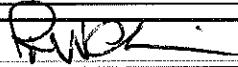
Print Name:

Rose W. Chin

Position/Title:

SBA/BS

Signature:



Date:

12/13/2018

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016